



REQUEST FOR PREVAILING WAGE

State Form 48364 (R / 5-05)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

FOREIGN LABOR CERTIFICATION UNIT
10 N. SENATE AVENUE, INDIANAPOLIS, INDIANA 46204-2277
PHONE: (317) 232-7187 FAX: (317) 233-1884

PLEASE NOTE: This information provided here is for the purposes of determining the PREVAILING WAGE for the occupation listed. This wage is required for certain immigration-related activities. It is not valid for any other purpose. All requested information must be provided or the request will be returned via U.S.P.S mail to obtain the missing information.

1. Name and address of person requesting determination:

DWD-FLC Tracking Number:

2. FAX No.: ()

3. Telephone No.: ()

4. Name of Employer: _____

5. Federal Employer ID Number: _ _ _ _ _

6. City and County proposed employment _____
City County

7. If employer is a post-secondary institution, indicate discipline or school _____

8. Nature of Employer's business: _____

9. Job Title: _____

10. Complete job description (use additional sheet if necessary): _____

11. State in Detail the MINIMUM requirements for above position _____

College Degree required (specify) Major Field of Study _____

TRAINING: _____
Number of Years Number of Months Type of Training

EDUCATION: (enter number of years) _____
High School College Technical/Trade

EXPERIENCE: Job Offered _____ Related Occupation _____
Years Months Years Months Job Title

12. Special requirements if any: _____

13. Occupational title of worker's immediate supervisor _____

14. Number of employees worker will supervise _____

===== DO NOT MAKE ANY ENTRIES BELOW =====

The prevailing wage for the above occupation in the area indicated has been determined to be

\$ _____ per _____

OES/O-Net Code: _____ Level: _____

Date of Determination: _____

THIS DETERMINATION IS VALID FOR NOT LESS THAN
90 DAYS OR MORE THAN _____ FROM THE DATE OF
ISSUE (determination).